University of Alberta

Kids in the Hall Bistro: At-Risk Youth Program
The Relationship among Social Support, Engagement & Aboriginal Status

by

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"It is the mark of an educated mind to be able to entertain a thought without accepting it."

Aristotle

Dedication

I proudly dedicate this thesis to my dearest daughter, Kaylah,

and my loving husband, Dale, who add joyful chapters to my book of life every day.

I cherish every page.

Abstract

Social support has been associated with healthy youth outcomes. At-risk and Aboriginal youth are populations that may require extra support. The aim of this study was to describe the effect of two groups (Aboriginal and non-Aboriginal), and engagement (time), on the level of perceived social support experienced by at-risk youth in a work experience program. A total of 390 at-risk youth participants (ages 15-24) from Kids in the Hall Bistro Program (KITH) in Edmonton, Alberta, Canada are included in this secondary analysis. Data were analyzed using descriptives, a one-way ANOVA, and two repeated measures ANOVAs at three vital phases of the program. Results revealed a significant main effect of Aboriginal status. Results are interpreted as suggesting that phase two of the program is an important juncture for the youth. As a result of this research, a new construct is introduced. Possible explanations, influences and future research are discussed.

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Kids in the Hall Bistro: At-Risk Youth Program

The Relationship among Social Support, Engagement & Aboriginal Status

Introduction

Researchers have studied and found links between social support and healthy youth outcomes in various areas of life. All youth require support to develop resources and skills that lead to feeling valued as a person, forming close relationships with others, being useful to others, making use of support systems, making informed choices, and believing in a future with real opportunities (Carnegie Corporation of New York, 1995). At-risk youth populations require extra emotional, social, psychological, and educational support to increase their chances for positive life effects. Additional concerns exist regarding the health and well-being of Aboriginal youth. A wide gap between the health status of Aboriginal and non-Aboriginal people exists and there is a lack of consistent, comprehensive, longitudinal data that can be compared to the general population (Canadian Institute of Health Information [CIHI], 2004). Further, a vast amount of the literature focuses only on the First Nations people living on reserves and cannot be generalized to the entire Aboriginal population (Trumper, 2004), an issue that needs to be addressed.

Municipal, provincial, federal and nonprofit agencies spend millions of dollars annually to provide services for adolescents at risk of dropping out of school, running away from home and participating in nonhealthy lifestyles (e.g. drugs, prostitution). These services may or may not support the integration of at-risk youth into mainstream society. Investigating a strength-based, holistic youth program, while considering Aboriginal perspectives and differences may be valuable. It is imperative that researchers

continue to explore and focus on factors that affect the health and well-being of both Aboriginal and non-Aboriginal at-risk youth and the differences between the groups.

The goal of this project is to describe the effect of two groups (Aboriginal and non – Aboriginal), and engagement (time) on the level of perceived social support experienced by at-risk youth participants in a work experience program in an urban setting.

The Kids in the Hall Bistro (KITH) Program in Edmonton, Alberta, Canada provided the setting and the participants for this study. A correlational descriptive survey design was used to examine the relationships among social support, engagement and Aboriginal status, through a nonprobability convenience sample of the KITH participants. A program evaluation by The Community University Partnership for the Study of Children, Youth, and Families (CUP) provided the secondary data set that was analyzed to address the research questions. The results of this study will contribute to the knowledge base of KITH stakeholders (including community supports, programmers, staff, and participants) and may provide insight that will be beneficial for program development within KITH and other programs with similar structures, goals or youth populations.

Significance of Study

Effective intervention programs for youth focus on diminishing risk and enhancing strengths. The most effective programs help develop the resources and protective factors needed to help youth move forward along positive life trajectories. Generally, targeted resources include social support, formal education, self-efficacy, perceived self-competence, and positive relationships. Determining the factors that enhance social support and engagement in youth programs, that focus on the resources that may mediate or moderate positive outcomes, is a key step in serving at-risk-youth populations. It is

important to compare Aboriginal and non-Aboriginal participants to determine if both documented historical and current differences in social well-being and support are present within the youth population at KITH. The provision of rigorous, longitudinal data that contributes to both the literature available on at-risk youth and the existing differences within the two groups is beneficial.

Research Questions

The current study aims to describe the effect of two groups (Aboriginal and non – Aboriginal), and engagement (time) on the level of perceived social support experienced by at-risk youth participants in a work experience program. The following research questions will be addressed:

1. What is the difference in social support as a function of Aboriginal or non-Aboriginal status in at-risk youth in a work experience program?
2. What is the difference in social support as a function of engagement in at-risk youth in a work experience program?
3. Does an interaction between Aboriginal or non-Aboriginal status and engagement exist that influences perceived social support in at-risk youth in a work experience program?

Operational Definitions

For purposes of this study, the working definitions that follow have been selected. *At-risk youth* are those who, due to individual, familial, and societal factors, find themselves lacking the resources necessary to succeed in today's society (Mackey, Schnirer, Barker, Galambos, Hartnagel, & Salter, (2004). *Social support* will be determined by the adequacy of relationships in meeting the youths' needs, utilizing the

"*Social Provisions Scale*" (Cutrona & Russell, 1987). *Engagement* or length of time in KITH will be assessed using three categories (phases): (a) the first category includes those who completed the initial survey (within one week of the beginning of the program), (b) the second category includes those who completed the workshop survey (at about five weeks of the program), (c) and the third category includes the participants who completed the bistro survey (after 10-12 weeks of bistro experience or 15-17 weeks of the program). It is acknowledged that this definition of engagement is practical and represents the time passed at the time of completing the surveys (not the actual attendance for each day). Thus, the practical definition is not indicative of the actual number of days that the youth spent in the program, or the consistency of their participation. The term *Aboriginal* is the most inclusive and commonly accepted term (Trumper, 2004). *Aboriginal status* will include: Treaty, Métis, status and non-status, and Inuit participants as defined by the CIHI (1999). *Non-Aboriginal status* will include all other participants that have not identified themselves as Aboriginal.

The literature available on the health determinants within various levels of government, the academic field, and multiple organizations frequently dichotomize populations into Aboriginal and non-Aboriginal. For example, The Child Health Surveillance Report (Alberta Health and Wellness, 2005) describes health and social variables as such. The description of sample groups for purposes of this project is consistent with much of the available literature. The visible minority and Caucasian populations have been included in the non-Aboriginal group.

The Aboriginal population is an indigenous group that has a long history in North America. Thus, this study acknowledges the unique experiences, history, traditions and

beliefs of those who are descendents of the original inhabitants of North America. This study seeks to capture the experiences of the Aboriginal youth (self-identified by 66% of the participants) and describe/compare the differences with the non-Aboriginal participants. The current and ongoing trend of acknowledging and addressing the Aboriginal population as a distinct and unique group with long-standing historical roots is a reality. Exploring the influences of Aboriginal experiences will promote knowledge, understanding, and capacity building, and will display a strengthened commitment to the Aboriginal community. The health and social inequalities between Aboriginal and non-Aboriginal people are well documented in the literature. This project will address a current gap in youth programming literature through the ethnic groups being described as Aboriginal and non-Aboriginal.

Literature Review

Literature Search Method

A systematic search of the literatures was performed using nursing and non-nursing databases in the following disciplines: health sciences, humanities and social sciences, and interdisciplinary. Databases included: Cinahl (1982-2006), Medline (1980-2006), Eric (1980-2006), Embase (1988-2006), HealthStar (1987-2006), PsychInfo (1985-2006), Social Sciences Citation Index (1980-2006), Sociological Abstracts (1980-2006), Academic Search Premier (1980-2006), Web of Science (1980-2006), and CBCA (1980-2006). The following terms and/or combination of terms were used to conduct the article search: adolescence, youth, at-risk-youth, Aboriginal, culture, social support, engagement, participation, programs, interventions, isolation, exclusion, loneliness, success, risk factors, work experience, mentoring, and job training. No studies were

found that expanded the variables of interest (at-risk-youth, Aboriginal, social support, engagement, work/job experience/program). Five hundred of the most relevant abstracts of articles were scanned. The internet was used to find grey literature and the search resulted in a few informal program evaluations which are not included in this analysis. 85 articles that contributed to the topic singly or in combination were carefully examined and are presented here. This review of literature is organized around the key concepts in the aim. First, the issue of at-risk youth is explored, including the Aboriginal population. Second, the field of programming for youth is reviewed. Finally, the target variables of social support and engagement are presented.

At-Risk Youth

Adolescence is a time of transition when youth experience growing autonomy, go through a developmental adjustment period (Laible, Carlo, & Raffaelli, 2000), establish independence, make life decisions, develop patterns of behavior, and take risks that can influence their present and future (Fahs et al., 1999). Multiple definitions of at-risk youth exist in the literature and the criteria associated with the term vary. Defining the at-risk youth population is difficult because the concept is multifaceted and each youth may possess varying levels and numbers of risk factors that have led them to their current situation (Kemper, Spitler, Williams, & Rainey, 1999).

Engle, Castle, & Menon (1996) define risk factors as "internal or external hazards or threats that increase the child's vulnerability or susceptibility to negative developmental and health outcomes". Researchers identify multiple broad risk factors that place youth at risk including intrapersonal, environmental, familial, community factors (Moody, Childs, & Sepples, 2003), socio-environmental, psychological factors (McBride et al., 1995),

homelessness (Taylor-Seehafer, 2004) and decreased availability of social support (Bal, Combez, Oost, & Debourdeaudhuij, 2003). Supplementary risk factors acknowledged are poverty, neighborhood disorganization, poor family functioning, academic failure, peer rejection, poor childrearing, (Minnard, 2001; Scales, 1999), family conflict, low family and peer bonding, rebelliousness (Scales), ineffective social policies, marital discord, stress (Minnard), substance abuse, low community connectedness, and antisocial behavior (Moody et al.), including delinquency. Certain factors in adolescence may actually predict the likelihood of youth engaging in risky behaviors or lifestyles. Johnson (2002) identifies the following multiple predictive factors for delinquency in adolescence: genetics, gender, perinatal risk, temperament, cognitive abilities, school achievement, poverty, attachment, child maltreatment, marital conflict, family and community socioeconomic status, and community crime and violence.

Risk factors and predictive factors can be broad and subjective. Thus, a given combination of risk factors or predictive factors may or may not result in similar outcomes for different youth. The number of at-risk youth and the level of their risk are also difficult to determine. The Alberta Alcohol and Drug Abuse Commission (2002) conducted a large-scale survey on the type and number of risk factors within Alberta's youth population. They report 17 key risk factors: 95% of the youth reported having at least one risk factor, with the largest grouping of youth reporting six to ten risk factors. Although the presence and intensity of risk factors is a key area of focus, the opposing construct of protective factors needs to be considered in order to assess the risk-protection ratio.

Rew and Horner (2003a) acknowledge that at-risk-youth experience many risk factors and possess few protective factors. Protective factors are individual, familial and community assets that act as buffers in times of stress. Youth who engage in risky behaviours experience more negative health and social outcomes, and thus, we need to intervene by increasing their protective factors (Rew & Horner, 2003b). Parents and educators all desire youth to have the motivation and ability to succeed in life through social skills, academics and healthy relationships with both peers and adults, to augment the opportunity to make positive life decisions that will enhance their lives and encourage them to avoid risky behaviours (Payton et al., 2000). Fostering relationships that facilitate feelings of support and inclusion can assist youth in making positive life choices. Special attention should be paid to empowering marginalized youth, who tend to speak up less (Valatis, 2002) and may experience a heightened sense of exclusion or isolation.

Isolated Youth

Isolation is viewed in different terms. Richaud de Minzi & Sacchi (2004) distinguish between emotional isolation (lack of close emotional attachment) and social isolation (lack of a connection to a social network). Perceived isolation may tap available support, coping styles, and an individual's perception of support or isolation (Newman, Holden, & Delville, 2005). Social support networks are one measure of a youth's feeling of isolation.

As with social support, feelings of isolation, exclusion or rejection also influence the outcomes of at-risk youth in various areas of life. Baumeister, DeWall, Ciarocco, & Twenge (2005) found that self regulation is negatively affected by feelings of being excluded or rejected. They acknowledge that past work has recognized that those who are

socially excluded are more likely to display increased aggression, decreased intellectual performance, less prosocial behavior and are less able to avoid self-defeating behavior patterns (exhibit self-control). In their study, Chang et al. (2005) found that a negative relationship exists between social withdrawal and both peer acceptance and self-perceived social competence. Seginer & Lilach (2004) examined the effect of loneliness on future orientation variables (social relations, work and career, higher education, and marriage and family) of youth. They found that youth who are well established socially scored higher on these variables and those lacking social relations (are isolated) assign less value to, and are less confident about their future.

Whether social isolation is the result of poverty, racism, fear of dissimilarity or a different concern, the final consequences result in a diminished sense of acceptance, recognition, positive life experiences and outcomes (Mitchell & Shillington, 2002). Social inclusion of isolated youth calls for action and interventions that promote concepts of social support and engagement. Considering the ethnicity and culture of youth may facilitate inclusion and engagement processes that the youth find suitable based on their personal traditions and beliefs.

Aboriginal Population

The comparison between Aboriginal and non-Aboriginal youth is important for many reasons. Nearly one million Canadians identify themselves as Aboriginal (Statistics Canada, 2001). Youth (ages 15-24) make up a large percentage (17%) of the overall Canadian Aboriginal population and children under the age of 15, make up even a larger percentage (Service Canada, 2005). Over 50% of the Aboriginal population is youth ages 0-24 (Statistics Canada, 2003).

Aboriginal people make up 4% of the total Canadian population, and bear a disproportionate burden of illness, an outcome linked to their economic and social conditions (Newbold, 1998). Literature available on health status displays a wide gap between Aboriginal and non-Aboriginal children and youth (CIHI, 2004; Statistics Canada, 2003). There is an abundance of literature that reveals poorer health status, substandard economic conditions, higher unemployment rates, and lower education within the Aboriginal population, yet research on services, programming and best practices for Aboriginal children and youth supported by empirical evidence are lacking (Trumper, 2004). The health of the Aboriginal population continues to lag behind that of the national population. In 1995, it was documented that 48% of Aboriginal children ages 6-14 lived in poverty. This is double the national rate (Health Canada, 1999).

Poverty is a way of life for many Aboriginal families (Kirmayer, Brass, & Tait, 2000; McPherson, 2004). The rapid social and cultural changes that have occurred have disrupted Aboriginal traditional ways and the marginalization and oppression of this population has resulted in increased depression, alcoholism, suicide, violence and poverty, with the majority of the impact on youth (Kirmayer et al.). The Aboriginal population experiences increased risk factors which have contributed to barriers and negative outcomes that they face in various areas of life.

Demaray & Malecki (2002) found that Native participants scored lower than any other ethnic group on social support, reporting lower parental, teacher and classmate support. Aboriginal youth attain much lower levels of education, encounter less labor market opportunities, experience a higher unemployment rate and are over-represented in the criminal justice system. Scales & Gibbons (1996) suggest that differences may exist

among ethnic groups with regard to the establishment of relationships with nonparental adults. A multitude of factors influence the outcomes of Aboriginal youth. The Aboriginal population maintains a different perspective on health and therefore spiritual, physical, mental and emotional components are essential to consider (Trumper, 2004). Culturally appropriate support systems and intervention programs are required to support the well-being and success of urban youth (McPherson, 2004).

Youth Programs/Mentoring

Mentorship programs and relationships have been linked to positive youth outcomes. Mentorship relationships may develop from a primary mentorship program or be a secondary result of a youth program. Benefits of a mentor may include an increase in emotional and behavioural functioning, academic achievement, future employment opportunities and career development (Christenson & Thurlow, 2004; DuBois, Holloway, Valentine, & Cooper, 2002). Mentor relationships facilitated by support and acceptance increases youths' capacity to make positive academic changes. The relationship with a mentor can also encourage the cognitive and behavioral elements of youths' attitude toward school (Rhodes, Grossman, & Resch, 2000). Appropriate mentors are not limited to adult role models; youth can act as supports for each other. Youth mentors that act as role models to other youth facilitate positive developmental outcomes and provide emotional support through positive feedback (Grossman & Rhodes, 2002).

The length of the mentor relationship is also important. Grossman & Rhodes (2002) studied the effects and predictors of duration of youth mentorship relationships. They found that longer relationships (6-12 months) have an increased number of positive outcomes. Very short relationships (less than 3 months) can be detrimental to the youth

and lead to lower self worth and lower perceived academic competence. The mentorship relationship must allow enough time for the youth to have the opportunity to experience benefits, and develop resources and skills to facilitate positive outcomes.

Programs that provide opportunities for youth to develop skills in communication, decision making and academics are extremely important (Rew & Horner, 2003a). A key goal is to determine which programs are the most successful (Spitler, Kemper, & Parker, 2002). Kemper et al. (1999) describe the three enabling factors of a successful youth program as: sense of community, shared vision, and a positive culture. The combination of work and academic support within a program contributes to success (Lemaire, Mallik, & Stoll, 2002). Work experience programs are designed to establish increased motivation, challenge, autonomy and interaction among the participating youth and show them what 'good' work looks like (Stern, 1984).

In a study examining the relationship between early work experience, adolescent mental health and behavioral adjustment, the authors found that a positive work environment could benefit the youths' sense of well-being, self-esteem and sense of future (Mortimer, Finch, Shanahan, & Ryu, 1992). Furthermore, the opportunity to gain skills and to creatively think at work is negatively related to behavior problems.

Over 20 years ago, Stern (1984) evaluated the quality of two school-based work experience programs (FEAST and Serendipity restaurants) and compared them to outside jobs. The author concluded that students in the school-based jobs benefited from working in teams, acquiring future valuable skills, and experiencing a motivating environment. Many of these skills and life lessons come from the youths' work peers. Stern also highlighted the additional advantage of work experience for low-income youth in

enhancing future employability opportunities. Various types of school-based programs provide additional opportunities to reach more youth, and develop relationships.

The effectiveness of a school-based program designed to prevent alcohol, tobacco and drug use in at-risk youth was evaluated and highlights the importance of social support. The program included data on educational, psychosocial, and school, family and community supports. The results indicated that the participants in the program had increased prosocial scores related to drug use, race relations, school attendance, self-esteem and aggression (LoSciuto, Hilbert, Fox, Porcellini, & Lanphear, 1999). In their examination of the effectiveness of a prevention program for youth at risk of dropping out of school, Cho, Hallfors, & Sanchez (2005) found that youth who dropped out were older, had lower grade point averages, higher truancy and more problems including increased anger, increased peer risky behaviors and lower school connectedness. An interesting acknowledgment in the study was the potential for negative effects to occur when bringing together high risk youth in intervention programs.

To more holistically address issues of at-risk youth, we must continue our focus on outcomes while addressing the risk factors. Addressing the risk factors alone (e.g. delinquency, criminal activity, addiction issues) may not be as beneficial as maintaining focus on the ultimate intended outcomes (e.g. education, employment, increased health and social well-being, increased self confidence and competence). Youth programming needs to consider youths' short term and long terms goals and the impact of the program on them. There are many factors to take into account when evaluating at-risk youth programs, including the organization of the program.

Youth Program Structure

The structure of youth programs must be taken into account when evaluating intended goals and outcomes of the programs and the youth. Many youth programs are problem or deficit focused in nature, and are intended to address single problems and symptoms rather than treating the underlying conditions or needs (Chandler, 1999; Rew & Horner, 2003b). For example, programs exist that deal with youth addiction issues, prostitution, educational and behaviour problems, are in place to address a given problem or situation. Youth feel that attempts in reducing negative behaviours are less effective than enhancing supportive solutions to barriers such as promoting education, job opportunities and training (Ginsburg et al., 2002).

Youth require a "wraparound" approach that focuses on their strengths, rather than their deficits, in order to address more aspects of the youths' lives (Bullis & Cheney, 1999; Eber & Nelson, 1997). Programs with a holistic approach that focus on building the strengths of youth while not concentrating on problems alone provide a more successful intervention strategy (Burt, 2002). Taylor-Seehafer (2004) argue that risk can be buffered by focusing on individual strengths and enhancing protective factors through support, mentoring, life skills training and development of caring relationships.

Ginsburg et al. (2002) believe supportive solutions will enhance positive futures in youth, and are therefore more effective than attempting to decrease negative behaviours. Burt (2002) adds that successful prevention interventions are based on holistic programming and encourage youth to make healthy choices. Researchers and practitioners need to address the at-risk-youth population holistically rather than as parts that need to be fixed, with the aim of addressing risky behaviours and risk factors (Scales,

1999). Scales stresses the need for program supports including enhancing protective factors such as good decision-making skills, and positive relationships when working with this population.

Moody et al. (2003) found that multilevel holistic interventions that provide support, social skills training, community associations, mentoring and positive peer groups increased the youths' protective factors (positive role models, social skills, participation, involvement in activities, self esteem, support, bonding academics and negative attitudes toward drug use). A strengths-based approach is an effective method because it encourages motivation and future goals (Rew & Horner, 2003b). Strengths (pride, moral principles, determination, and commitment to relationships) act as internal motivators and by recognizing the many strengths of at-risk youth, programs can be developed to facilitate and encourage successful outcomes in this population (Rew & Horner, 2003a).

Youth Success

Success may be experienced in many areas of youths' lives and in many different ways. Spitler et al. (2002) identify the following themes of youth success: healthy self concept, success expectations, goals, value of education, connectedness, appropriate behaviour and religion. In another one of their studies, the youth rated their top three success indicators as goals, education and healthy self concept, and the authors note that the number one barrier to success in youth is low self esteem (Spitler et al.).

Kemper et al. (1999) note the factors that have a positive influence on youth success include, but are not limited to, connectedness (supportive relationships with peers and adults), education, appropriate behaviors and goal setting. Youth experiencing success in one area gain positive contributions in other areas. For instance, the positive impact of

academic success decreases risky behaviours by promoting successful development, which leads to decreased negative outcomes (Minnard, 2001). Similarly, a constellation of positive findings are found in mentoring programs in the areas of emotional/psychological, high risk behaviour, social compliance, education, and career development (DuBois et al., 2002). Youth that encounter additional obstacles toward achieving life successes require extra support.

In their study of a program designed to improve academic and vocational outcomes for disabled youth (learning, psychiatric, emotional and behavioural disorders), Lemaire et al. (2002) conclude that employment is the significant marker of success, but that success in the at-risk-population may be difficult to achieve due to barriers. To be classified as disabled, the criteria in the Lemaire study are not typical. For example, if a youth was in a very low-income bracket or had literacy skills below a grade nine level, a youth would be accepted into the study as disabled. The Lemaire sample is similar to the KITH Program examined in this project. However, the label applied to the youth is not consistent with the language or philosophy of KITH.

Finally, the approach to programming also contributes to the success of at-risk youth. Lemaire et al. (2002) suggest a multisystem approach through collaborative services. Kemper et al. (1999) acknowledge that a multi-component, multi-agency, community wide intervention program with clearly communicated expectations leads to success. Success can be enhanced by focusing on relationship-building, social support and engagement within community youth programs.

Social Support and Engagement

This study aims to address a gap in available research related to at-risk youth programming. The significance of social support and engagement in youth is well documented in the literature as individual concepts. The current study focuses on three key variables: Aboriginal status, social support, and engagement, and describes the relationship among them in an at-risk youth work experience program.

Social Support

Social support acts as a protective factor, creates meaningful connections, and contributes to the healthy adaptation of youth. It is associated with youths' physical and psychosocial well-being. The message from the literature is perceptible, increased social support creates strengths and decreased social support poses challenges. Social support can be viewed in terms of quantity or quality. Frey & Rothlisberger (1996) use these distinctions. A social network is simply the range of available relationships. Social support is the provisions obtained from relationships as determined by their adequacy. The focus of this study is on the quality of relationships.

The benefits of adequate social support are widespread. Frey & Rothlisberger (1996) maintain that increased social support increases coping, and acts as a buffer and protective factor. Others emphasize that youth who report more positive relationships with parents and peers, in general, report increased social skills, self efficacy, behaviour adjustment, and decreased self criticism (Kupermine, Blatt, & Leadbeater, 1997). Increased social support and connectedness also fosters resilience, acts as a buffer (Rew, Taylor, Seehafer, Thomas, & Yockey, 2001) and plays a significant role in adolescent self-esteem (Hoffman, Levy-Shiff, & Ushpiz, 1993). Windle (1992) acknowledges that

increased social support may enhance youths' adjustment during the period of transition. In their study of the relationship among varying levels of perceived social support (low, average, high) and academic, behavioural and social indicators, the authors found that increased social support is related to positive outcomes in the areas of social skills, self-concept and adaptive skills (Demaray & Malecki, 2002).

Social support also affects mental health and adolescents' use of coping strategies. Mahon, Yarcheski, & Yarcheski (2004) investigated the relationship between social support and positive health practices in early adolescence, testing the variables loneliness and hopefulness. The authors included the variables of health promotion, avoidance of substance use, safety, relaxation, nutrition, and exercise in their view of positive health behaviors. They concluded that increased social support enhances positive health practices and hopefulness, and decreases loneliness.

Social support originates from various sources and relationships in the lives of youth. Adults are especially important in the lives of at-risk youth because parents and other adult caretakers are the primary sources of social support during adolescence (Richman, Rosenfeld, & Bowen, 1998). Correlations between sources of social support exist. Parental support is related to peer support, as the quality of parental relationships determines the quality of all other relationships. Helsen, Vollebergh, & Meeus (2000) found that parental and peer supports were modestly positively correlated and that parental support was the greatest gauge of emotional problems. Colarossi & Eccles (2000) investigated predictors of peer support to adolescents and concluded that the amount of social support that parents perceive impacts the amount of peer support that their child reported.

It is proposed that the amount of support that youth perceive from parents, impacts the youth's mental health. This in turn affects their peer relationships. Conversely, decreased familial support is associated with increased behavioural symptoms (Bal et al., 2003). Further, the relationship between parental and/or peer support directly influences the behavior, emotional literacy and future of at-risk youth. Youth that experience low parental support and high peer support experience the most problems (Helsen et al., 2000). Each source of social support influences the youth and contributes to their view on the function of relationships.

Scales & Gibbons (1996) reviewed literature on the structure and function of adults (related or non-related) in the lives of youth. They acknowledge that although parents are the most significant adults in youths' lives, relationships with other adults may provide similar functions. Supportive relationships between adults and youth can be established through positive feedback (Chandler, 1999) and successful intervention (Burt, 2002). A sense of connectedness and supportive relationships are enhanced and lead to success (Spitler et al., 2002). Programs designed for youth may facilitate social support through positive relationships.

Schools and community programs can also support youth in overcoming barriers (Burt, 2002). They play a role in helping youth to feel connected and supported (Kemper et al., 1999). Providing maximum support within a program environment for youth is a useful intervention that can positively influence life outcomes (Richman et al., 1998). Social support in the form of mentoring is found to be an appropriate intervention strategy for youth at risk of school failure (Richman et al.). DuBois et al. (2002) propose that positive mentoring relationships for at-risk-youth can lead to role-modeling valuable

skills in many areas of life, and are a good focus for community programming. Youths' perception of social support, whether it originates from family, peers or others, may influence their engagement in both school and community-based programs.

Engagement

Engagement is described in various ways. An agreed upon definition, model and/or process does not exist in the literature. It is commonly used interchangeably with participation, partnership, and involvement, but is also viewed from a hierarchical perspective with youth involvement consisting of participation, partnership, and engagement, consecutively (Schulman, 2006). Some consider engagement the highest level of participation, with participation being a three-part construct (enrollment, attendance, engagement) (Weiss, Little, & Bouffard, 2005). Youth participation carries many terms (engagement, youth voice, decision making, and empowerment) and has become a hot topic (O'Donoghue, Kirshner, & McLaughlin, 2002).

In their study of a model designed to promote student engagement, the authors defined engagement by the number of lates and absences of each student, and maintain that attendance is one of the most overt indicators of engagement (Lehr, Sinclair, & Christenson, 2004). For purposes of this research, engagement is assessed using three categories (phases over time): the first category includes those who completed the initial survey (within one week of the beginning of the program); the second category includes those who completed the workshop survey (at about five weeks of the program); and the third category includes the participants who completed the bistro survey (after 10-12 weeks of bistro experience or 15-17 weeks of the program).

For the purpose of exploration, various views of the construct of engagement are discussed in this review, while appreciating the variation in the use of the term. Engagement may go beyond presence and/or participation. "Engagement is about committing one's self to the process of change, despite imperfect outcomes" (Reisinger, Bush, Colom, Agar, & Battjes, 2003, p. 793). In their study, the authors stress the importance of moving youth from navigating a system to engaging in it and suggest that we need to focus on the factors that engage youth.

Engagement is discussed within a variety of settings. There is a relationship between the availability of social support and adaptive attitudes of the youth with regard to both school and work (Kenny, Blustein, Chaves, Grossman, & Gallagher, 2003). They found that both social support and perceived barriers were associated with school engagement and future aspirations. Wetterson et al. (2005) found that social support contributed most significantly to engagement behaviors and also predicted career outcome expectations.

Engagement strategies with at-risk youth that face increased barriers or challenges are a key focus. Sinclair, Christenson, Evelo, & Hurley (1998) found an engagement intervention is successful in school retention of youth with learning and behavioral challenges. Garcia-Reid, Reid, & Peterson (2005) studied school engagement of disadvantaged youth, and its relationships to social support variables. They demonstrated that support of teachers, friends and parents positively influenced youth engagement. They concluded that youth who feel supported are more likely to avoid trouble, get good grades and engage in positive future opportunities toward success.

Many relationships and factors influence engagement. Incorporating parental and cultural factors is important. In their study of at-risk youth in an outpatient drug abuse

program, Dakoe, Tejeda, & Liddle (2001) found that adolescent engagement strategies need to incorporate both the adolescents and the parents into the intervention. Although, it is acknowledged that circumstances of at-risk youth may not accommodate parental participation. Santisteban et al. (1996) demonstrate the importance of cultural-ethnic influences on the efficacy of a therapeutic process and engagement interventions and their effectiveness with youth.

Summary

The concepts of at-risk youth, Aboriginal youth, youth programming, social support and engagement have been examined. Many factors, internal and external to the youth, must be considered when addressing the key variables of social support, engagement, and Aboriginal status of at-risk youth in a work experience program. Culture may play an integral role in how youth interact with, and react to their environment, and those around them. The central themes in the topics examined are relationships and a sense of belonging, which may be largely influenced by youths' world views linked to their culture and experiences.

Methods

This is a secondary analysis using data collected from a youth program, Kids in the Hall Bistro (KITH). A correlational descriptive survey design has been used to describe the effect of Aboriginal status and engagement on the level of perceived social support experienced by at-risk youth participants in a work experience program, through a nonprobability convenience sample. In the following description of the method, the design is first described including the measures. Second, the setting and participants are presented. Finally, the data collection protocol, analysis and results are discussed. The

results of this study will not only benefit the KITH program and participants, it will provide information that other similar programs will find useful. The variables used in this study (Aboriginal status, engagement, and social support) are fundamental concepts that program developers, staff members and youth can learn from and build knowledge on.

Design

A nonexperimental correlational descriptive survey design was used to test the relationship among variables formerly studied independently (Brink & Wood, 2001). The results of this approach did not establish causality, but with this design the effect of Aboriginal status and engagement on the level of perceived social support and the interaction among the variables is described.

Measures

Aboriginal status was categorized using data from the application forms of KITH participants via the secondary data set provided by CUP. The application form asks applicants to choose their ethnicity from the following categories: Aboriginal (status, non-status, Métis, Inuit), Caucasian and visible minority. Aforementioned, ethnicity has been categorized into two groups (Aboriginal and non-Aboriginal). Caucasian and visible minority participants are included in the non-Aboriginal category for purposes of this analysis.

Engagement or length of time in KITH was assessed using three categories (phases): the first phase includes those who completed the initial survey (within one week of the beginning of the program); the second phase includes those who completed the workshop

survey (at about five weeks); and the third phase includes the participants who completed the bistro survey (after 10-12 weeks of bistro experience or 15-17 weeks of the program).

Social support was measured using a continuous variable constructed from the *Social Provisions Scale (SPS)* (Cutrona & Russell, 1987). The original SPS measures the youths' perception of social support in their lives using a four-point likert system. The instrument is a 24-item (12 pairs) self-report measure that taps the six provisions of social relationships identified by Weiss (Cutrona, Rose, & Yurko, 1984). It contains measurements of guidance (advice and information), reliable alliance (tangible assistance), attachment (caring), social integration (similarity of interests and concern), reassurance of worth (positive evaluation of skills and ability), and opportunity to provide nurturance (providing support to others). Sample items include: 'There are people I can depend on if I really need it' (reliable alliance), 'There is someone I can talk to about important decisions in my life' (guidance), and 'I feel a strong emotional bond with at least one other person' (attachment). Social support is based on a low-high scale but each of the individual areas can also be assessed.

For purposes of this study, the original SPS has been tailored to better suit the areas of social support that are relevant to at-risk youth. The sub-scale 'opportunity to provide nurturance' captures the youths' sense of being able to provide nurturance to others; however, the subscale is seemingly more appropriate for use with adults who may be responsible for caring for another. Therefore, the current study has used five of the sub-scales (provisions of social relationships) from the SPS. The version tailored to the youth (see Appendix A) also contains questions based on a five-point likert scale, not four. The neutral response 'uncertain' was added to provide the youth with greater opportunity to

choose the response most meaningful to them, without forcing them to either side with 'agreeing or disagreeing'.

Reliability & Validity of the SPS

Previous research findings indicate that the SPS is a reliable and valid measure of the six sub-scales as described by Weiss and the instrument is appropriate for research use (Cutrona & Russell, 1987). Cutrona & Russell (2003) provide the psychometric support for the reliability of the SPS. They classify the internal consistency of this scale as acceptable because 2 different studies using split half methods (a measure of consistency where a test is split in two and the scores for each half of the test is compared with one another) found scores that ranged above .60 to above .70. Correlations between the two items for each provision ranged from $\underline{r}$ = -.33 (reassurance of worth) to $\underline{r}$ = -.56 (reliable alliance). They report test-retest reliability coefficient ranging from .37 to .66. At KITH, the time between the data collection periods were: (a) approximately 5 weeks between the initial and workshop surveys, and (b) 10-12 weeks between the workshop and bistro surveys.

The validity of the instrument is documented in two different studies (one of first-time mothers, and the other of teachers). The authors found that provisions of the SPS were predictive of postpartum depression, loneliness, depression and health status. In addition, two provisions within the SPS were found to be significantly related to scores of the UCLA loneliness scale among the elderly. Total score correlations ranged from .28 to .31 (p <.05). Individual provisions have also been shown to correlate significantly with romantic or marital relations ($\underline{r}$ = .53), measures of social networks and satisfaction with

social relationships. Discriminate intercorrelations among the six provisions range from .10 to .51, with a mean intercorrelation of .37.

Setting: Kids in the Hall Bistro

KITH, located in Edmonton, Alberta, Canada, has been in operation for ten years. It is a community-based innovative youth work experience and skill development program. KITH is a project that originated in 1996 out of the perceived gap in services for youth. Edmonton City Centre Church Corporation (E4C) is the umbrella agency that oversees the KITH program. E4C and CUP formed a partnership and research relationship in 2002 with a project entitled "*Capacity Building as Crime Prevention"* (CBCP). CBCP focuses on evaluating the effectiveness of social development approaches to crime prevention (Mackey et al., 2004). There has been support from key stakeholders such as The National Crime Prevention Strategy, Métis Nation of Alberta, ECCCC, CUP, the Edmonton City Police, and the local community health centre. CUP led an evaluation of the KITH program from 2002-2005.

KITH incorporates five weeks of life skills training, work experience and education into its work experience program for at-risk-youth, ages 16-24. The participants commit themselves to completing credits toward their high school diploma, participating in the workshop and working in the bistro. The program expectations are clearly outlined for the participants, and guidelines are strictly followed. The youth are paid each week, beginning on week five of the workshop for their active participation in the program.

Participants: At-Risk Youth

CUP provided the secondary data set for use in this research. The participant selection process was based on a nonprobability convenience sample method. A

convenience sample includes the use of the most conveniently available people as study participants (Loiselle & Profetto- McGrath, 2004). For this study, the sample size and timeframe was pre-determined, each participant who met the program criteria was included (Brink & Wood, 2001), although participation in the research was strictly volunteer. The criteria for entrance into the program are flexible, although general guidelines state that the youth must: (a) not be currently involved in street life, (b) be dealing with addictions and/or dysfunctional issues appropriately, (c) have a stable living environment, (d) not have serious mental health issues, (e) have a reasonable level of maturity, and (f) have adequate reading and writing skills (Mackey et al., 2004). All voluntary participants of KITH that data was collected on are included in this study.

In Figure 1 the sample size information is compiled The current study includes data gathered from the admission application, the initial survey (within the first few days of the program), the workshop survey (at approximately 5 weeks) and the bistro survey (after 10-12 weeks of bistro experience). Follow up data taken after program period will not be included in the current research due to the small sample size.

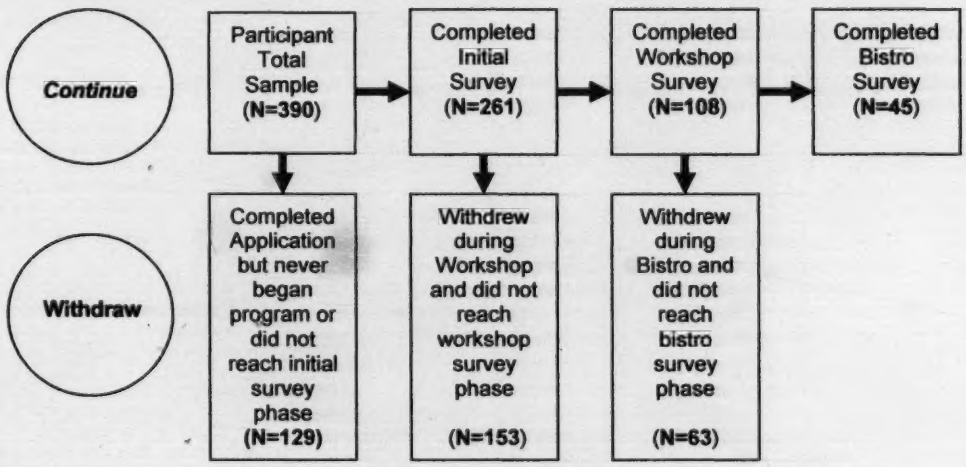
Continue
Withdraw
Participant Total Sample (N=390)
Completed Initial Survey (N=261)
Completed Workshop Survey (N=108)
Completed Bistro Survey (N=45)
Completed Application but never began program or did not reach initial survey phase (N=129)
Withdrew during Workshop and did not reach workshop survey phase (N=153)
Withdrew during Bistro and did not reach bistro survey phase (N=63)

Figure 1. Sample size description.

The sample consisted of 390 youth who began the KITH work experience program between June 2003 and July 2005. Sixty-six percent of the participants identified themselves as Aboriginal (Treaty, Métis status and non-status). There were no Inuit Aboriginal participants. The remaining 34% of participants classified themselves as Caucasian or visible minority. For purposes of this project, all participants that have not self-identified as Aboriginal are categorized as non-Aboriginal.

Fifty-four percent of the sample was female. Participants ranged in age from 15 to 24, with a mean age of 18 years and one month. The mean age of the Aboriginal youth was 18 years and 3 months, which is slightly older than the non-Aboriginal participants (17 years and 7 months). The highest grade completed in the sample ranged from 5 to 12, with a mean grade completion of 9.72 (SD= 1.01). The Aboriginal youth completed an average of 9.67 years of school (SD= 1.037) which is slightly less than the non-Aboriginal youth who averaged 9.82 years (SD= 0.948).

Additional lifestyle data of the youth included: high school completion (5.4%), frequent moves within the past year (31.6%) , possess a criminal charge (60.7%), heavy drinking (63.3 %), spent time in young offender centre or jail (43.2%) and have a social worker (32.5%).

Data Collection

The research coordinator (RC) and/or the research assistant (RA) at the KITH program collected the data. Data collection was restricted to the same person and the same quiet room at KITH each time an interview or data collection was done. Prior to beginning the completion of the scale, the RC/RA had a casual discussion with the youth to see how the program is going and if they have any concerns. The purpose of this

conversation was twofold, first the RC/RA was interested in how the youth was managing in the program and secondly, the RC/RA had to decide if a crisis or traumatic event would have an influence the youth's choices on the survey at that time. The youth were asked if they understood each question after it had been read and informed that assistance would be provided as necessary. The youth were provided with a $5 Subway gift certificate for their time.

Ethical Considerations

This proposal has been approved by Panel B of the Health Research Ethics Board (HREB). The following are the main ethical considerations in this secondary analysis: (a) the sample population involved youth who were minors, (b) the study will benefit the future participants of KITH, not the study participants, (c) ethnicity has been dichotomized into Aboriginal and non-Aboriginal groups (as discussed), and (d) the applicant is an additional person who will have access to the numerically coded data.

In the original ethical approval from Faculties of Education and Extension Research Ethics Board (REB), the consent of minors was approved based on the following: KITH serves at-risk youth ages 16-24, many of whom have little or no contact with their guardians due to various social reasons. The goal of KITH is to support youth in becoming self sufficient and responsible, and the youth are allowed to consent to their own participation. Participation in the research is entirely separate from participation in KITH. The youth are reminded that their participation is completely optional and they may withdraw at any time without repercussions. The data was entered by the RC into the database, SPSS 12.0, for analysis. As the data was entered, each participant was assigned a numerical code to ensure confidentiality.

Results

Description of Social Support

Social support surveys were completed at each of the three data collection periods (initial, workshop and bistro phases) by the participants who remained in the program at each time period. The following descriptives (Table 1) displays the social support scores of both groups, using the total sample size available at each program phase.

Table 1

Mean and SD of Social Support Reported by Group & KITH Phase for the Total Sample

Aboriginal Status	Initial Survey T1	Workshop Survey T2	Bistro Survey T3
Aboriginal	78.285 SD=8.315 n = 165	79.329 SD=7.198 n = 73	81.357 SD=8.887 n = 28
Non-Aboriginal	79.792 SD=8.793 n = 96	82.400 SD=7.751 n = 35	82.118 SD=11.368 n = 17
Total	78.839 SD=8.508 n = 261	80.324 SD=7.486 n = 108	81.6444 SD=9.777 n = 45

The Aboriginal youth reported lower scores than the non-Aboriginal youth at all three program phases. Social support scores of the total sample and the Aboriginal group increased across the three phases of the program. The non-Aboriginal group decreased slightly in the bistro survey. The greatest levels of perceived social support were

experienced by the non-Aboriginal youth at the workshop phase, and the lowest levels of perceived social support were experienced by the Aboriginal youth at the initial phase. The greatest difference in social support between the two group means (3.071) occurred at phase two (workshop).

Social Support by Aboriginal Status over Time (Engagement)

Table 2

Mean and SD of Social Support Reported by Aboriginal Status across Program Phases (Time)

Inferential Test	Aboriginal Status	Initial Survey T1	Workshop Survey T2	Bistro Survey T3
One-Way ANOVA at Phase 1	Aboriginal	78.285		
	n = 165	SD=8.315		
	Non-Aboriginal	79.792		
(n = 261)	n = 96	SD=8.793		
2X2 ANOVA with Repeated Measures at Phase 2	Aboriginal	77.932	79.329	
	n = 73	SD=7.807	SD=7.198	
	Non-Aboriginal	81.743	82.400	
(n = 108)	n = 35	SD=6.590	SD=7.751	
2X3 ANOVA with Repeated Measures at Phase 3	Aboriginal	80.750	81.464	81.357
	n = 28	SD=6.698	SD=8.239	SD=8.887
	Non-Aboriginal	83.529	85.118	82.118
(n = 45)	n = 17	SD=7.468	SD=8.638	SD=11.368

Three inferential statistical tests were used to address the research questions concerning the differences in social support as a function of: (a) Aboriginal/non-Aboriginal status, (b) as a function of engagement, and (c) the interaction between

Aboriginal status and engagement (time) in at-risk youth in a work experience program. Table 2 reports the means and standard deviations of each group at each phase across time. A one-way ANOVA (see Appendix B) was used to analyze the difference in social support at the initial phase of the program. A two (Aboriginal and non-Aboriginal Status) by two (engagement) ANOVA with repeated measures on time was used to analyze the social support scores between Aboriginal and non-Aboriginal groups over time for those who completed both the initial and workshop phases of the program (see Appendix C). A two (Aboriginal and non-Aboriginal Status) by three (engagement) ANOVA with repeated measures on time was used to analyze the social support scores between Aboriginal and non-Aboriginal groups over time for those who completed the initial, workshop and bistro phases of the program (see Appendix D).

Difference in Social Support as a Function of Aboriginal or Non-Aboriginal Status

A difference was not detected ($F = 1.910$, $p = 0.168$) in perceived levels of social support between Aboriginal ($\bar{x} = 78.285$) and non-Aboriginal ($\bar{x} = 79.792$) youth at the initial program phase. However, a significant main effect of Aboriginal status [$F(1,106) = 6.105$, $p = 0.015$] was present in those who completed two program phases. Non-Aboriginal participants reported higher mean social support scores across both time periods (initial = 81.743, workshop = 82.4) than Aboriginal participants (initial = 77.932, workshop = 79.329). A main effect of Aboriginal status was not found [$F(1, 43) = 1.102$, $p = 0.300$] across the three program phases. In summary, differences in perceived social support as a function of Aboriginal status were only found at phase two of the program (workshop).

Difference in Social Support as a Function of Engagement

A significant main effect of engagement (time) was not present across either two phases [F (1,106) = 2.771, p = 0.099), or three phases of the program [F (2, 86) = 1.071, p = 0.347]. That is, there is no difference in perceived social support as a function of engagement in at-risk youth in a work experience program.

Interaction between Aboriginal Status and Engagement

There was no significant interaction between Aboriginal status and engagement (time) across two phases [F (1,106) = 0.36, p = 0.550] or three phases [F (2, 86) = 0.907, p = 0.408] of the program. In conclusion, an interaction between Aboriginal status and engagement does not exist that influences perceived levels of social support in at-risk youth in a work experience program.

Discussion

Past and current researchers have explored the relationship between social support and the outcomes of at-risk youth. The purpose of this study was to investigate the effect of Aboriginal status, and engagement on the level of perceived social support experienced by at-risk youth participants in a work experience program. To describe these effects, Aboriginal youth were compared to non-Aboriginal youth. The most interesting issue that has arisen from this study is the influence of cultural differences on social support between Aboriginal and non-Aboriginal youth. Matters of youth programming, future research, and limitations of the study follow.

Cultural Sociocentralism & Egocentralism

There are clearly differences in cultural social support for Aboriginal and non-Aboriginal people (Volunteer Alberta, 2004), which this study has confirmed.

Throughout this research multiple questions related to the rationale of cultural differences arose. It became apparent that simply comparing levels of social support was valuable, yet, the root of these differences required further exploration. Therefore, the focus of this discussion has evolved into one of inquiry, which has resulted in the development of a new construct that may begin to explain and describe differences in social support of the Aboriginal youth. When working with at-risk youth, it is essential to consider not only the level of perceived social support, but also the origin and rationale for the view.

Western or European views focus on individual rights and success, and Aboriginal views embrace harmony, kinship and communal traditions. Traditionally, non-Aboriginal people encourage more egocentric or individual qualities, whereas Aboriginal people are more communalistic or relational, incorporating a broad network of relationships into their definition of self (Kirmayer, Simpson, & Cargo, 2003). The need to go beyond the key factor of self, to include the community and cultural world views has contributed to the researcher's evolution of the terms sociocentric and egocentric. The following definition describes the ways in which people interact with, and relate to each other and their communities, based on their cultural world views. This concept may contribute to and influence perceptions of social support in youth. Cultural centralism is defined as the interrelationship among self, the community, and ones' cultural world views, and is divided into two constructs: sociocentralism and egocentralism.

Sociocentralism describes the views of those who place equal value on community and their cultural world views and assign less importance to self. Egocentralism describes the views of those who place equal value on self and cultural world views and assign less importance to community. The author notes that the concepts do not indicate that one

perspective is superior to the other, only different. These concepts are appropriate to describe and possibly link cultural differences between Aboriginal and non-Aboriginal youth program participants to their perception of social support. Throughout the program phases, opposing forces of individual versus group needs may arise (Baikie, 1997), and Aboriginal status may be an important factor to consider.

Social Support and Cultural Centralism

It is noteworthy that Aboriginal status had more of an effect on perceived levels of social support than the length of time youth spent in the program. The change in program focus over the three phases may possibly account for the difference in social support between the groups. At the initial phase of the program, the youth may be exposed to a neutral environment that does not lend itself to either a sense of individualism or community. The workshop phase includes set criteria, a timetable and topics of discussion, and may be an environment that allows for, or fosters individual differences, given the focus of the personal life skills topics. At the bistro, a sense of teamwork and community may possibly dominate. Given the nature of the work experience, everyone must follow the same protocols, work the specified jobs, take part in particular roles, and work together. There may be less of a chance to create or enhance individual differences at the bistro. It may perhaps be more structured, predictable and collective.

The significant difference in social support between the two groups at the workshop phase highlights the need to further consider cultural factors. The social support of both the Aboriginal and non-Aboriginal youth increased from the initial phase to the workshop phase, and decreased at the bistro. However, the non-Aboriginal youth had both a wider increase in social support at the workshop and a much larger decrease at the bistro than

the Aboriginal youth. Non-Aboriginal youth experienced lower social support at the bistro phase than at the initial phase upon entry into the program. Thus, the non-Aboriginal may be more comfortable in a more individual setting that promotes egocentralism (workshop) and the Aboriginal youth are able to adapt to the workshop, and maintain a comfort level in the setting that promotes sociocentralism (bistro).

The phrase "walking two worlds" is commonly used by Aboriginal people, and refers to existing in both mainstream society and the Aboriginal community, which are very different (Volunteer Alberta, 2004). This concept may account for not finding significant differences at either the initial phase or the bistro phase. Aboriginal youth are accustomed to being adaptable, and therefore, may achieve in the program phases that do not induce the comfort of sociocentralism. In contrast, non-Aboriginal youth are not forced to live in more than one cultural world in society, and when they are positioned outside of an environment of egocentralism in the bistro, they do not adapt. Deeper discussion of cultural perspectives contributes to assigning meaning to this difference.

Family and community are fundamental values that support the sociocentric nature of the Aboriginal culture (Kirmayer, Brass, & Tait, 2000). Aboriginals share a collective identity through mutual understanding and participation in a "shared world", which must be understood (Kirmayer et al., 2000; Brown, Higgitt, Wingert, Miller, & Morrissette, 2005). The collective bistro environment may support this. The non-Aboriginal youth clearly experience social support challenges at this phase. Aforementioned, the non-Aboriginal youth value individualism and thrive in the workshop. In contrast, being recognized for individual achievements conflicts with the Aboriginal value system

because Aboriginal youth pride themselves on being humble and define accomplishments by success of the community as a whole (Mays & Hunter, 2005) their support system.

Aboriginal youth are aware of, and influenced by the cultural tensions that continue to exist between Aboriginal people and traditional mainstream society (Kirmayer, Simpson, & Cargo, 2003; Mays & Hunter, 2005). Aboriginal people have always fought to keep their traditions and lifestyles alive, and continue to encounter societal barriers that support their communal culture. Clearly, positives and negatives exist with both cultural sociocentralism and egocentralism. It is essential for youth to place oneself above all when working toward positive personal life outcomes. It is also vital to realistically consider outside support influences, when realizing group accomplishments. The very nature of individual versus community stems from historical cultural and lifestyle differences. Striking a healthy balance between sociocentralism and egocentralism is essential to consider when working with at-risk youth in community programs.

Programming Considerations

The effect of Aboriginal status on social support within the KITH program highlights the importance of culturally-appropriate programming. Traditional differences in learning exist between Aboriginal and non-Aboriginal youth, which must be considered when designing youth programming (Baikie, 1997). Youth are central to Aboriginal communities and when working with Aboriginal youth, programs need to integrate communities and not only focus on the individual (Kirmayer, et al., 2003). All youth need to feel connected to their traditions and views, and programs need to be tailored to meet and support their culture.

Within a program that focuses on strengths and resources of at-risk youth, youth must be provided with opportunities to utilize and enhance their skills, cultural and otherwise. Levels of youth social support provide insight into the effectiveness of participant engagement. However, further investigation into the cultural rationale that underpins social support would be beneficial to programming. Programmers should not only encourage and welcome diverse cultures, they need to support them by learning and incorporating their cultural views that they are accustomed to.

The high attrition rate (decreased engagement) of both groups alerts us to examine additional clinically significant programming factors that have emerged from the literature. Although these factors were not part of this study, they are worthy of mentioning, and include: (a) peer mentorship within the program, (b) greater youth involvement in the program through decision-making means (e.g. youth committees), (c) greater opportunity for youth to provide ongoing (constructive) feedback, (d) access to ongoing predictable support systems and workshops, (e) the role and effectiveness of financial incentives, and (f) methods to employ a more seamless transition between program phases.

Limitations

The following are limitations to this study: (a) the small sample size, (b) the use of a convenience sample via a secondary data set, (c) number of extraneous variables, (d) the dichotomization of Aboriginal and non-Aboriginal status, and (e) the reliability and validity of the revised version of the SPS..

In a secondary analysis, the researcher has no control over the data, the sample selection or sample size. The greatest limitation to this study is the typical high rate of

attrition from the program, which, in turn, influences the size and representativeness of the sample, and thus the generalizability of the findings. Community research in general is susceptible to the effect of multiple extraneous factors. In addition, the considerable number of uncontrollable variables within this population (e.g. change in living situation, current conflict, familial factors) may have influenced the choices that the youth made on the survey resulting in a threat to reliability and validity of the social support scores.

Conducting research using the ethnic categories of Aboriginal and non-Aboriginal limits the generalizability of the results to other ethnic groups, that have self identified as Caucasian or visible minority. The Caucasian and visible minority groups have been categorized as the non-Aboriginal group. Furthermore, grouping all Aboriginal participants (Treaty, Métis, & Inuit) in one Aboriginal category may reduce the generalizability to any one particular Aboriginal group.

Cutrona & Russel (2003) note that although the SPS has been used with a range of samples, it has not been used with a low income, minority population. In addition, the original SPS has been tailored to be more suitable for at-risk youth in the KITH program. The reliability and validity of the revised SPS has not been tested. Finally, repeat measuring posed further threats to the validity of the findings.

Dissemination of Findings

CUP will be coordinating and implementing the project dissemination of the original research project. One of the goals of CUP is to promote reciprocal, sustained, and mutually informative interactions among researchers, practitioners, educators, policy makers, and families. Both informal and structured methods of knowledge sharing will be employed through collaborative efforts among partners, funders, the research team, KITH

staff and myself. Various formal and informal publications, presentations, workshops and conferences will be utilized in the dissemination plan. The dissemination interactions will be reciprocal, informative and sustainable to achieve optimal long-term outcomes for the KITH program and thus, the youth involved. An approach to research that allows for comparisons, knowledge transfer across programs and/or cities, and collaboration is vital for dissemination of information. Special attention will be paid to the involvement of the Aboriginal community in the dissemination.

Future Research

There is a need for the processes, outcomes, experiences and operations of youth programs to be studied in order to contribute to youth development (Oden, 1995). Although at-risk-youth programs are numerous across North America, formal evaluations are limited. It is rare for community-based programs to have the resources (both financial and appropriate research personnel) to undertake a study resulting in formal, rigorous evaluation.

Future research in the areas of at-risk youth, programming, social support, engagement and Aboriginal status are all required. Correlational research is needed on the role of social support within the at-risk youth population (Fahs et al., 1999; Frey & Rothlisberger, 1996; Moody et al., 2003). Rigorous pre-posttest design and a larger sample size of at-risk-youth (Moody et al.) within a community-based prevention program are recommended (Moody et al.; Fahs et al.). Longitudinal research that examines the needs of the at-risk-youth population is necessary in order to develop programs that can incorporate identified areas of support and document success (Lagana, 2004).

To build on the concept of social support that was addressed in the current study, follow-up evaluation is intended. The youth-tailored SPS contains five sub-scales. Future research that describes the differences between these sub-scales will provide deeper insight into the social support perceptions of youth. In addition, to more in depth research, it would also be useful to implement mixed-method studies in order to assign meaning to the quantitative data.

Findings from this study about the role of Aboriginal status in social support are important to consider. The new construct of cultural centralism (sociocentralism & egocentralism) is worthy of further future description and investigation. This cultural paradigm (cultural centralism) may prove to be very useful in building on current knowledge related to culture and social support. The ability exists to move beyond the measurement of social support and the identification of cultural affiliation, which provides an opportunity to gain knowledge about the cultural reasons underpinning these differences. Awareness is the first phase in an effort to embark on understanding the role of cultural world views, self and the community, in perceptions of social support. Being attentive to the youths' cultural needs and reasons for them, may be an important step toward enhancing at-risk youths' capacity to engage in community-based programs.

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Appendix A: KITH Social Provisions Scale

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
a) There are people I can depend on to help me if I really need it.					
b) I feel that I do not have close personal relationships with other people.					
c) There is no one I can turn to for guidance in times of stress.					
d) There are people who enjoy the same social activities I do.					
e) Other people do not view me as competent.					
f) I feel a part of a group of people who share my attitudes and beliefs.					
g) I do not think other people respect my skills and abilities.					
h) If something went wrong, no one would come to my assistance.					
i) I have close relationships that provide me with a sense of emotional security and well-being.					
j) There is someone I could talk to about important decisions in my life.					
k) I have relationships where my competence and skill are recognized.					
l) There is no one who shares my interest and concerns.					
m) There is a trustworthy person I could turn to for advice if I were having problems.					
n) I feel a strong emotional bond with at least one other person.					
o) There is no one I can depend on for aid if I really need it.					
p) There is no one I feel comfortable talking about problems with.					
q) There are people who admire my talents and abilities.					
r) I lack a feeling of intimacy with another person.					
s) There is no one who likes to do the things I like to do.					
t) There are people who I can count on in an emergency.					

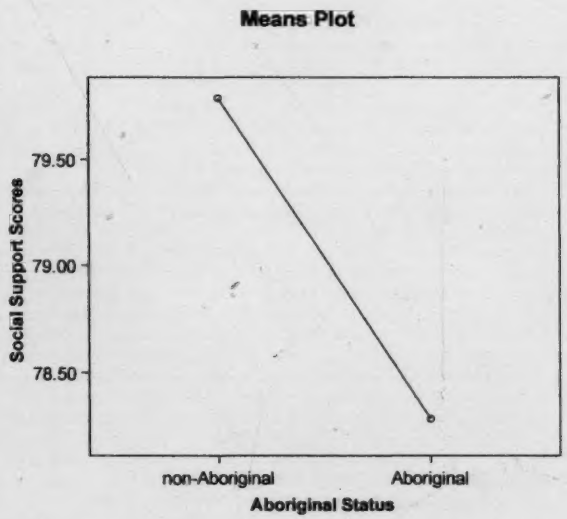
Capacity Building as Crime Prevention:
Developing and Piloting an Evaluation Framework for Employment Training Programs for Youth at Risk (2004)

Appendix B: One-Way ANOVA

One-Way ANOVA at Initial Program Phase

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	137.796	1	137.796	1.910	.168
Within Groups	18683.445	259	72.137		
Total	18821.241	260			

Note. n = 261



Appendix C: 2 X 2 ANOVA

2X2 ANOVA Aboriginal Status by Engagement across 2 Program Phases

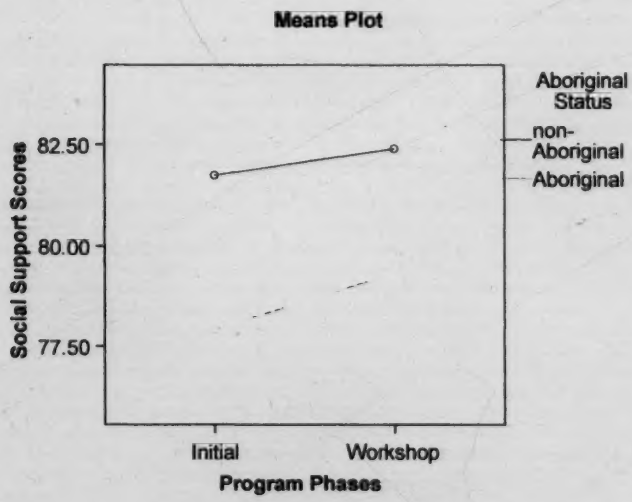
Between subjects

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	1221904.770	1	1221904.770	13314.108	.000
Aboriginal Status	560.325	1	560.325	6.105	.015
Error	9728.170	106	91.775		

Within subjects

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Engagement (Time)	49.924	1	49.924	2.771	.099
Time * Aboriginal Status	6.479	1	6.479	.360	.550
Error(Time)	1909.683	106	18.016		

Note. n = 108



Appendix D: 2 X 3 ANOVA

2X3 ANOVA Aboriginal Status by Engagement across 3 Program Phases

Between subjects

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	861624.221	1	861624.221	5202.676	.000
Aboriginal Status	182.443	1	182.443	1.102	.300
Error	7121.305	43	165.612		

Within subjects

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Engagement (Time)	55.016	2	27.508	1.071	.347
Time * Aboriginal Status	46.572	2	23.286	.907	.408
Error(Time)	2209.102	86	25.687		

Note. $n = 45$